

INFORMATION BULLETIN

WORKFORCE INVESTMENT ACT

Number: WIAB02-71

Date: March 6, 2003

Expiration Date: 6/30/04

69:53:vf:6855

TO: WORKFORCE DEVELOPMENT COMMUNITY

SUBJECT: REVISED WIA PARTICIPANT CLIENT FORMS

This information bulletin provides copies of the revised Workforce Investment Act (WIA) client forms. The WIA Application (EWIR) and Exit (EWIT) client forms have been revised to incorporate changes suggested by local areas as well as to comply with federal reporting requirements.

The form revisions follow the Job Training Automation (JTA) system version 4.24 release dated January 28, 2003. Please refer to WIA Information Bulletin [WIAB02-68](#) for details of the specific JTA changes.

Please ensure this information is shared with staff responsible for your local WIA Management Information System. If you have any questions regarding the client forms, please contact Debora Untal in the Performance Management Unit, at (916) 654-8295. Questions concerning the JTA system release should be addressed to the JTA Help Desk, at (916) 653-0202.

/S/ BOB HERMSMEIER
Chief
Workforce Investment Division

Attachments



WORKFORCE INVESTMENT ACT APPLICATION

Subgrantee Name
00 Application Number
01 Agency Code
02 Social Security Number

03 Universal Access Only 1 Yes 2 No		04 Application Date		05 Last Name		06 First Name / Middle Initial	
07 Street Address (Residence)				City / State (Residence)		08 ZIP (Residence)	
10 Mail Street				Mail City / State		11 Mail ZIP	
13 GEO Code (Optional)		14 Citizen 1 U.S. Citizen 2 Eligible Non-Citizen 3 Ineligible Non-Citizen		15 Alien Doc #		16 Gender 1 Female 2 Male	
				17 Birthdate		18 Age	
						19 Assessed 1 Yes, WIA 2 Yes, Non-WIA 3 No	
						20 Selective Service Registration 1 Yes, Registered 2 No, Not Registered 3 Exempt 4 Not Required	
21 Race (select one or more) AA Asian Indian AB Cambodian AC Chinese AD Filipino AE Guamanian AF Hawaiian AG Japanese AH Korean AI Laotian AJ Samoan AK Vietnamese AL Other Pacific Islander AO Other Asian BL Black – African American HI Hispanic or Latino NA American Indian/Alaskan Native WH White				Concurrent Participation 22 Adult Education 23 Job Corps 24 Farmworker Program 25 Native American Program 26 Veterans' Workforce Investment Programs 27 Veterans' DVOP / LVR 28 Trade Adjustment Act 29 NAFTA-TAA 30 Vocational Education 31 Vocational Rehabilitation 32 Wagner-Peyser 33 WTW-Participant 34 Title V Activities (OAA) 35 Comm Srvc Blk Grant Pgm 36 HUD Pgm 37 Other non-WIA Pgm 38 Rapid Response 39 Rapid Response – Additional Assistance 40 TANF 41 Food Stamp Training Program			
				42 Disabled 1 Yes, Major 2 Yes, Substantial 3 No			
				43 Limited English 1 Yes 2 No			
				44 Substance Abuse 1 Yes 2 No			
				45 Basic Skills Deficient 1 Yes 2 No 9 Not Applicable			
46 Offender 1 Yes 2 No 9 Not Applicable		47 Pregnant / Parenting Youth 1 Yes 2 No 9 Not Applicable		48 Youth Needing Assistance (Additional Barriers) 1 Yes 2 No 9 Not Applicable			
49 Runaway Youth 1 Yes 2 No 9 Not Applicable		50 Foster Child 1 Yes 2 No 9 Not Applicable		51 Family TANF 1 Yes 2 No		52 Family GA 1 Yes 2 No	
53 Family RCA 1 Yes 2 No		54 Family SSI 1 Yes 2 No		55 Family Food Stamps 1 Eligible 2 Receiving 3 No		56 Number in Family	
						57 Number of Dependents <Age 18	
						58 Family Status 1 Parent in one-parent family 2 Parent in two-parent family 3 Other family member 4 Not a family member 5 Not reported	
59 Family Income (Prior 6 mos)		60 Low Income 1 Yes 2 No		61 TANF Exhaustee 1 Yes 2 No		62 Homeless 1 Yes 2 No 9 Not Applicable	
						63 Poor Work History 1 Yes 2 No	
						64 Unemployment Insurance 1 Yes, UI Claimant 2 Exhaustee 3 No	
65 Veteran Status 1 Yes, <= 180 days 2 Yes, > 180 days 3 No		66 Disabled Veteran 1 Yes 2 Yes, special disabled 3 No		67 Veteran Separation Date		68 Recently Separated Veteran 1 Yes 2 No	
						69 Campaign Veteran 1 Vietnam-era 2 Other Veteran 3 No	

WORKFORCE INVESTMENT ACT APPLICATION

Subgrantee Name

Application Number

Agency Code

Social Security Number

Last Name		First Name / Middle Initial			
70 Highest Grade Completed	71 Education Status 1 Student, H.S. or less 2 Student, attending post – H.S. 3 Out-of-School, H.S. dropout 4 Out-of-School, H.S. grad, employment difficulty 5 Out-of-School, H.S. grad, no employment difficulty		72 Reading Grade	73 Reading Score	74 Reading Test
75 Read Version	76 Math Grade	77 Math Score	78 Math Test	79 Math Version	
80 Pell Grant Recipient 1 Yes 2 No, Applied but denied 3 No, Application Pending 4 Application not submitted	81 Pell Grant School Year Award Amount	82 Labor Force Status 1 Employed 2 Not employed	83 Weeks Not Employed Last 26 Weeks	84 Hourly Wage	85 Referred by WPRS (Profiling) 1 Yes 2 No
86 Dislocated Worker 1 Terminated or Laid off 2 Received Notice of Layoff 3 Long Term Unemployed (JTPA transfer only) 4 Self Employed 5 Displaced Homemaker 9 Not Applicable		87 Dislocation Date	88 Job Code at Dislocation	89 Job Title	
90 Dislocation Industry Code	91 Tenure at Employer of Dislocation (months)	92 Employer Number	93 Employer Name		
Employer Address		Employer City	Employer State / ZIP	Employer Telephone ()	
94 Eligibility A Adult WIA B Adult Low Income D Dislocated Worker F Youth (age 14 - 18) G Youth (age 19 - 21) H Veteran Grant I 5% Window Youth (age 14 – 18) J 5% Window Youth (age 19 – 21) X Not Eligible					
Signature of Interviewer			95 Interviewer ID	Date	
Signature of Reviewer			96 Reviewer ID	Date	

Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program and may result in action to recover any moneys paid to me while participating.

Signature of Client	Date	Signature of Parent, Guardian or Responsible Adult	Date
Remarks:			



WORKFORCE INVESTMENT ACT EXIT

Subgrantee Name
01 Application Number
02 Agency Code
Social Security Number

Last Name		First Name / Middle Initial	
03 Exit Codes		Exit Codes (Select up to three codes) 01 Entered Employment 02 Called Back/Remained With Layoff Employer 03 Entered Advanced Training 04 Entered Postsecondary Education 05 Attained Recognized Certificate/Diploma/Degree 06 Planned Services Completed 07 Planned Services Not Completed 08 Lacks Transportation 09 Family Care 10 Health/Medical 11 Cannot Locate 12 Death 13 Institutionalized 14 Voluntary Other 15 Objective Assessment Only 16 Returned to Secondary Education (Youth Only) 17 Soft Exit 18 Reservists Recalled	
04 Exit Date	05 Soft Exit Determination Date	06 Degree Attained 1 Yes 2 No, credential intended 3 No, credential not intended 4 No, Credential pending 5 No training services provided	07 Date Degree or Certificate Attained
08 Type of Degree Attained 1 High School Diploma 2 Equivalency/GED 3 AA or AS Diploma/Degree 4 BA or BS Diploma/Degree 5 Occupational Skills License 6 Occupational Skills Certificate or Credential 7 Other			
09 Entered Postsecondary Education 1 Yes 2 No		10 Entered Advanced Training 1 Yes 2 No	11 Entered Military Service 1 Yes 2 No
12 Entered Qualified Apprenticeship 1 Yes 2 No			
13 Date Employed	14 Employer Number	15 Employer Name	
Employer Address		Employer City / State	Employer ZIP
16 Employer Contact		17 Contact Phone	18 Job Code
19 Hours Per Week			
20 Hourly Wage	21 Training Related Employment 1 Yes 2 No 9 Not Applicable	22 Determination Method 1 Training to job 2 Industry to training 3 Other	23 Health Benefits 1 Yes 2 No
24 Non-Traditional Employment 1 Yes 2 No			
Exit Staff Signature		25 Exit Staff ID	26 Update Client Info 1 Yes 2 No
Date			
Post Exit Services			
27 Service Code	28 Description	29 Begin Date	30 End Date
Post Program Service Code 01 Educational Achievement 02 Employment Services 03 Additional Youth Support 04 Citizen and Leadership 05 Follow-up Services			